What's the State's role in facilitating Change at the Local Level

Stage 1 (Pre-contemplation) - Gives state agency the opportunity to market VENA.

- What is VENA? See pages 3-5 of the VENA Guidance Document
- What issue/problem will VENA address (IOM recommendations)?
- What is the intrinsic goal/purpose of VENA?
 (Determine eligibility; improve nutrition education; create/define standards to assess quality nutrition assessment protocols; deliver quality and comprehensive WIC Nutrition assessment; food package tailoring and health care (referrals); enhance risk assessment process; encourage the use of the critical thinking skills)
- What kind of training will be provided to staff?
 (Rapport building and communication; critical thinking skill building; guidelines for conducting a comprehensive nutrition assessment which focuses on deficiency finding and the provision of anticipatory guidance)

<u>Stage 2 (Contemplation) – Gives state agency the opportunity to assist local agencies with identifying benefits and defining barriers to VENA implementation</u>

- What category/ level of staff will be impacted the most by VENA implementation? (Consider: job/position descriptions; existing practices/processes for conducting nutrition assessment and certification, need for paraprofessional staff; what will clinic flow look like; what additional training will staff need, etc.)
- Will I need to restructure staffing plan and or reduce staff?
 (Consider: current certification and assessment process what task must be done by CPA and what tasks may be done by other staff)

<u>Stage 3 (Preparation) – Gives state agency the opportunity to assist local agencies to develop an implementation plan based on their own needs assessment</u>

- What do I need to consider when rewriting a job/position description?
- What should be considered in designing clinic flow?
- How do I determine staff competency?
- Who will pay for staff training?
- What are some service delivery models that other states are using that works to support VENA?

<u>Stage 4 (Action) – Allows the state agency to offer suggestions to local agencies to strengthen their VENA implementation Plan</u>

- Feedback on plan to implement VENA consider:
 - recommendations for staff training.
 - time line for VENA training
 - implementation goals and priorities (staffing needs, structure, clinic flow design, etc.
- What tools should be used to provide quality assessments without use of 24 hours recall and to collect and synthesize nutrition information/data. (Consider interactive communication and information gather skills)

<u>Stage 5 (Maintenance) – Gives the state agency the opportunity to assist the local agency to identify process to support the VENA philosophy</u>

- Request for assistance with developing monitors to determine service improvement.
- Request for assistance in identifying gaps in implementation process i.e., further training needs, staff needs, etc.
- Request for assistance with bench marking best practices.
- Revise tools for interpreting nutritional risk.

<u>Stage 6 (Transition) (not commonly assessed)</u> – Allows state agencies to assist local agencies in identifying gaps to service delivery that may hamper the sustainability of <u>VENA</u>

- Help in identifying policy inconsistencies which undermines the VENA philosophy and increases the work load of the CPA.
- Help redefining who can function as CPA.
- Help streamlining HR conditions, determine tasks that could be triaged to trained paraprofessionals (CPA's) i.e., pre-pregnancy, post partum underweight, post partum underweight short statue, high maternal weight gain, low hgb and HCT 9-5 and 30 respectively, elevated blood lead, hyperemesis, cost of spontaneous abortion, infrequent prenatal visits, maternal smoking or substance abuse, inappropriate nutrition practices, and breastfeeding education and training.

Anyone or any combination of this condition could be seen by locally trained paraprofessionals thereby minimizing the work of the dietitian/nutritionist and empowering the trained paraprofessional staff.

• Request for state grants to train paraprofessionals locally and relieve local agencies from excess spending to recruit, hire and retain credentialed nutrition professionals.